Annual Report 2010-11

Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
PARTENAIRES POUR LA SANTÉ

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Message from the board of directors

We are pleased to present the 2010-11 Annual Report for the Ontario Agency for Health Protection and Promotion (OAHPP, now operating as Public Health Ontario (PHO)). In our first three years of existence, Public Health Ontario has established itself as a provincial leader, serving Ontario's public health system by providing scientific and technical capacity. As an agency born from the lessons of the SARS tragedy, Public Health Ontario has focused on laboratory operations and science, surveillance and epidemiology and infectious disease prevention and control.

In fall 2010, the Board approved the operating name "Public Health Ontario" to better position OAHPP within its provincial role of protecting and promoting the health of all Ontarians and reducing inequities in health. OAHPP's new operating name, Public Health Ontario, is a distinctive, easy-to-say name. The new tagline, "Partners for health," emphasizes our philosophy of collaborating with others to achieve shared goals. Implementation of the new visual identity is underway across the organization and with stakeholders.

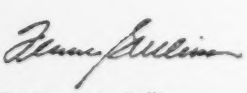
In 2010-11, Public Health Ontario made significant strides in its provincial capacity to address infectious disease with the consolidation of the Regional Infection Control Networks (RICNs) and the Core Competencies in Infectious Disease Prevention and Control, preparations for the transfer of the Provincial Infectious Diseases Advisory Committee (PIDAC) and the ongoing alignment with its laboratory and public health expertise.

SIGNIFICANT STRIDES WERE ALSO MADE IN OTHER PROGRAM AREAS, HIGHLIGHTS INCLUDE:

- Publication of the Ontario Burden of Infectious Diseases Study (ONBoIDS), a first of its kind joint research project with the Institute for Clinical Evaluative Sciences (ICES). The OnBoIDS Report findings, presented in December 2010, will inform policy and planning decisions for public health and clinical service.
- Assembly of the Smoke Free Ontario Scientific Advisory Committee (SFO-SAC) to inform the renewal of the Ministry of Health Promotion and Sport (MHPS)'s Smoke-Free Ontario strategy for 2010-15. SFO-SAC's *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* broke new ground on confronting essential tobacco disease issues, addressing tobacco-related disparities and health equity and identifying critical system enablers and interventions.
- Ongoing provision of scientific and technical advice and support to the Chief Medical Officer of Health (CMOH) and assistance in addressing public health concerns on issues as diverse as wind turbines and Wi-Fi technology.
- Introduction of a High Volume Testing facility at Public Health Ontario's Public Health Laboratory in Toronto, which improved turnaround times for results, and the introduction of a Customer Service Centre that increased client access and support.
- Support to the G8/G20 summit provincial preparation and response, including scientific expertise, incident management response information and laboratory testing. This was a highly successful collaboration between Public Health Ontario, the Emergency Management Branch of the Ministry of Health and Long-Term Care (MOHLTC), other provincial and municipal emergency management agencies and public health units.

This year, the joint Public Health Ontario-MOHLTC Public Health Architecture Committee set a shared vision for provincial public health leadership. The committee's unanimous recommendations set the stage for reconfigured roles and responsibilities between Public Health Ontario and the Public Health Division at MOHLTC and a renewed vision for public health leadership, coordination and service delivery. The implementation in the year ahead will mark a key turning point for public health renewal in Ontario.

On behalf of the board, we thank our partners at the Government of Ontario for their vision and support. We look forward to advancing science, evidence and practice in the year ahead.



Dr. Terrence Sullivan
Chair, Board of Directors

Dr. Alan H. Meek
Vice-Chair, Board of Directors

Organization overview

Public Health Ontario is an arm's-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. As a hub organization, Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world. Public Health Ontario's employees and programs span the health disciplines and contribute to advancing the state of public health by providing:

- Scientific and technical advice and support related to infectious disease prevention and control, surveillance and epidemiology, health promotion, chronic disease and injury prevention, environmental and occupational health, and emergency management
- Public health laboratory services
- Professional development and knowledge services
- Evidence and advice that inform policy and program development at the local, provincial, national and international levels
- Research in both public health and laboratory science
- Emergency management support during health-related emergency or outbreak situations.

Public Health Ontario recognizes that reducing health inequities must remain a focus and a priority across all areas of work. The ability to identify, understand and mitigate the disparities in health status, health behaviours, and access to health services, which exist across population groups, is critically important to protecting and promoting the health of Ontarians.

MISSION, VISION AND VALUES

Established by the MOHLTC's Agency Implementation Task Force in 2006 and reaffirmed by Public Health Ontario's board of directors in 2010, Public Health Ontario remains committed to its mission, vision and values.

MISSION: Public Health Ontario is accountable to support health care providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

VISION: Public Health Ontario will be an internationally recognized centre of expertise dedicated to protecting and promoting the health of all Ontarians through the application and advancement of science and knowledge.

VALUES:

Credibility
Responsiveness
Relevance
Innovation
Collaboration
Balance

Public Health Ontario is committed to building an organization that is truly provincial in its scope with links where appropriate to other local, provincial, national and international organizations. It builds partnerships and draws on the best available expertise locally, provincially, nationally and internationally to ensure that scientific work meets internationally recognized standards. Public Health Ontario's network of laboratories, its Regional Infection Control Networks (RICNs) and emerging regional services extend its reach into all corners of the province.

Enhancing the capacity of the public health system

Public Health Ontario provides strategic leadership for a comprehensive professional development program in public health. During the past year, Public Health Ontario conducted a wide range of seminars, meetings and symposiums that delivered scientific and technical information and training to health care providers and public health professionals.

The inaugural Ontario Public Health Convention (TOPHC), realized through collaboration with the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa), was a resounding success. Nearly 600 professionals attended TOPHC 2011, a three-day signature event focused on training and skills development that also provided opportunities for collaboration, networking and the sharing of the latest scientific knowledge and best practices.

TOPHC made successful forays into the use of social media, notably with the creation of a daily blog on selected sessions and events. Public Health Ontario and TOPHC are present on social media via Facebook and Twitter. Both social media vehicles enable networking, information sharing and help to establish collaborative links across disciplines and geography.

The online calendar of Public Health Ontario events continues to grow and includes rounds, webinars, training sessions and "lunch and learns" for skill building and information sharing. Public health experts from Ontario and beyond are featured regularly, giving public health and health care sector professionals access to the latest research and cutting edge programming.

February 2011's Risk Communication Workshop, offered jointly by Public Health Ontario and the Dalla Lana School of

Public Health at the University of Toronto, featured world renowned experts Dr. Peter Sandman and Dr. Jody Lanar. Sandman and Lanar drew on recent local and global health crises and environmental issues to engage an audience of approximately 300 public health practitioners.

At the local and regional levels, Public Health Ontario's Regional Infection Control Networks (RICNs) helped support the implementation of the Just Clean Your Hands (JCYH) program in long-term care homes across the province. In addition to over 173 education sessions, long-term care homes benefited from a one-on-one visit from a JCYH coach who provided supporting materials and tools, helped to identify barriers to implementation, and assisted with training to ensure proper auditing of practices. Many RICNs used social marketing techniques to obtain visible commitment to hand hygiene practices in the homes. Ninety-four percent of homes reported that coaching helped them advance the implementation of the JCYH program.

Public Health Ontario held extensive consultations with all health units and public health associations to inform the redesign of the Public Health Research, Education and Development (PHRED) program prior to its transfer to Public Health Ontario in January 2011. These consultations helped to identify priorities and inform a new set of services, which are being implemented to support local health units. These services include support for conducting applied public health research and program evaluation, access to library services, educational opportunities for current and potential health professionals, and easy-to-use public health knowledge synthesis, dissemination and diffusion tools.

Public Health Ontario worked to meet the specialized needs of a number of professional societies. Some examples included booking pre-TOPHC workshops for nurses and public health inspectors, providing the forum and support for the Ontario Association of Public Health Dentistry and working with the MainCert Committee of the Council of Ontario Medical Officers of Health (COMOH) to improve access to events that provide continuing medical education credits.

CLOSING THE GAPS: REDUCING HEALTH INEQUITIES

Health equity is the absence of differences in health between groups with differential exposure to social and economic policies and practices. Good health and the determinants of positive health outcomes (e.g., income, education, housing, nutritious food) are not uniformly distributed in Ontario. Some Ontarians experience higher risk because of socio-economic disadvantage and other related factors.

Across Public Health Ontario, work continues to better understand and address the issue of health equity. In September 2010, the Health Promotion, Chronic Disease and Injury Prevention (HPCDIP) team partnered with the Ministry of Health and Long-Term Care to sponsor a roundtable to increase awareness of a new approach to policy making: the Health in All Policies (HiAP) initiative. The initiative brought more than 50 public health leaders together to share and learn from one another. Intersectoral collaborations focused on the reduction of health inequities and the development of healthy public policies at the local, regional and provincial levels.

HPCDIP is also working on the development of an Equity Assessment Framework, a tool designed to assist public health units with planning and evaluating initiatives aimed at reducing health inequities. Public Health Ontario surveillance and epidemiology is conducting analytic studies related to health inequities, such as the identification of areas of high deprivation in Ontario. In April 2011, the results of this work were presented at a TOPHC pre-conference session on deprivation measures that was co-sponsored by the Centre for Research on Inner City Health at St. Michael's Hospital.

Public health laboratory renewal

Our continuing focus on modernizing and renewing the Public Health Ontario Laboratories has resulted in significant operational efficiencies and positive impacts for patients and health care providers. With more than four million tests conducted per year, Public Health Ontario is one of the world's largest public health laboratory systems, contributing to patient care in all areas of the province.

In fall 2010, we opened the doors of a new customer service centre to meet the needs of clients in the Greater Toronto Area. The customer service centre provides timely and accurate test results, enhanced outbreak communication and easy-to-access experts who provide advice on test requests, results interpretation and specimen collection procedures. The feedback has been outstanding and the concept has expanded to clients in Orillia, Peterborough and surrounding areas. In order to provide our stakeholders with an integrated and unified system for customer service and support, Public Health Ontario will expand this approach across the province in the coming year.

Public Health Ontario identified efficiencies in laboratory operations through an extensive analysis and evaluation process. Further implementation of the Laboratory Information System (LIS) has resulted in operational improvements to receiving and processing test requisitions. Public Health Ontario made investments in high volume testing platforms for applicable tests such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV) and successfully implemented a robotic system for pre-analytical processing. Each enhancement has contributed to faster turnaround times, improved information management and increased operational efficiency. Construction is underway on new bioprocessing and biorepository sections, including the acquisition of automated bioprocessing and DNA extraction platforms.

Clients can now receive laboratory results by fax within minutes of being released. The launch of Public Health Ontario's new "Autofax" service has also reduced turnaround times for test results. Since its implementation,

Public health laboratory renewal *continued*

approximately 60 per cent of laboratory results are transmitted using Autofax. More than 11,000 doctors in over 500 Ontario hospitals and clinics now use the system with the number of participating clients increasing steadily.

Laboratory renewal efforts have also included extensive facilities planning. Public Health Ontario closed the Windsor regional laboratory due to a requirement by the Ministry of Transportation to acquire the land for construction of the Windsor-Essex Parkway and Detroit River International Crossing and other efficiency considerations. The Windsor regional laboratory officially closed its doors on October 12, 2010, and laboratory work was redistributed to regional laboratories throughout southwestern Ontario and Toronto.

NDM-1 ARRIVES IN ONTARIO

When news about a new antibiotic-resistant superbug popped up in Ontario in August 2010, our scientific staff responded with laboratory testing and guidance.

The New Delhi metallo-beta-lactamase-1 – commonly referred to as NDM-1 – is an enzyme found in certain bacteria, such as *Escherichia coli* (E. coli). NDM-1 is a superbug that is resistant to all commercially available antibiotics. Public Health Ontario medical microbiologists had been studying the evolution and movement of NDM-1 since it was first discovered in New Delhi a few years ago. Already involved in a number of international and provincial research efforts on NDM-1, Public Health Ontario was poised to support acute care facilities in managing this new organism.

Surveillance investigations showed that many Ontario NDM-1 patients were exposed to the infection outside of Canada. Many who then returned to Canada lived in smaller communities that were less able to identify and treat the infection. The Public Health Ontario Laboratories acted quickly to develop a testing methodology for NDM-1, including a practical, simple screening methodology for community and hospital laboratories. Public Health Ontario Laboratories confirmed suspect cases from specimens, which significantly reduced diagnostic time and limited the spread of infection in acute care facilities.

The detection of NDM-1 is one recent example of Public Health Ontario's advanced laboratory capacity to use molecular methods in detecting and identifying emerging organisms here in Ontario. Across Ontario, Public Health Ontario has helped health care facilities and laboratories to anticipate, respond to and manage complex and dangerous infectious diseases.

Providing scientific and technical advice and support

Public Health Ontario's expertise is shaping current public health practice and training the next generation of public health practitioners. Ryerson University's Public Health and Safety program used *Public Health Ontario's Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* as one of its reference books. Created by a public health laboratory team led by Dr. Vanessa Allen and Anne Maki, food inspectors in public health units across Ontario currently use the guide.

Public Health Ontario has responded directly to hospital outbreaks by sending Infection Control Response Teams (ICRTs) on site visits to nine hospitals ranging in size from small rural facilities to large tertiary hospitals. The president of St. Joseph's Healthcare Hamilton believed so strongly in transparency to the community and in the team's expertise and advice that the ICRT's report was posted on the hospital's website and has since been consulted by a number of hospitals experiencing issues with *Clostridium difficile (C. difficile)* infections. Follow up telephone evaluations with the hospitals have confirmed very positive feedback.

Other teams have also provided on-the-ground field response. When Public Health Ontario's Environmental and Occupational Health (EOH) team received a request from the Waterloo Public Health Unit on trichloroethylene (TCE)-related risks to health in a Cambridge neighbourhood with historical industrial contamination, it responded by not only advising the health unit staff, but by also attending local meetings with residents, members of the Board of Health and local government. The information provided helped to put the risks in context of other risks to health and clarified the reasons behind recent changes to Ontario Ministry of the Environment standards for target TCE concentrations in indoor air that had increased fear and concern.

Working with the Ontario branch of the Canadian Institute of Public Health Inspectors and public health units, EOH staff conducted several in-service sessions and demonstrations on the assessment of and response to indoor air quality problems. While the adverse effects of outdoor air pollution on human health has gained much attention, there is good evidence that most Canadians spend over 85 per cent of their time indoors breathing indoor air. While outdoor air pollutants can infiltrate buildings, indoor sources account for much of the contaminant load to which people are exposed.

EOH staff also provided medical and scientific input to several provincial issues at the request of MOHLTC, public health units and the CMOH. Examples included advice on

mercury-related effects on health in Grassy Narrows, on the effects of exposure to chlorophenoxy herbicides (2,4-D, 2,4,5-T), on bedbugs, on herbicides, and on mercury contamination in northwestern Ontario fish. Public Health Ontario also supports public health units by lending environmental monitoring equipment.

The Public Health Ontario Surveillance and Epidemiology team provided field support in a number of outbreak investigations, including *Cyclospora* in Lambton County and epidemiological support to the MOHLTC in an investigation of *Salmonella Enteritidis*.

Public Health Ontario's RICNs continue their infection prevention and control activities and promotion of standardization across health care facilities in the province, aligning with broader Public Health Ontario infection disease prevention and control strategies. In 2010-11, the RICNs received 6,293 inquiries from across the province, including long-term care homes, hospitals, and public health units.

Inquiries related to a range of areas, including infection prevention and control programs, antibiotic-resistant organisms, the Just Clean Your Hands program, and communicable and infectious diseases. The RICNs provided extensive resources, including 1,064 education sessions such as in-person workshops, videoconferences, webinars and a lending library of support materials.

Following discussions with the Ministry of Health Promotion and Sport, Public Health Ontario now provides or procures the services provided by a number of health promotion resource centres. These services include the Alcohol Policy Network, the Health Communication Unit, the Ontario Injury Prevention Resource Centre and the Program Training and Consultation Centre. These four health promotion resource centres served more than 10,000 clients, provided technical support for 209 planning consultations and assessments, offered 471 training and capacity building consultations, workshops and referrals, 34 communication and knowledge exchange activities and 261 systems planning activities.

THE ONTARIO BURDEN OF INFECTIOUS DISEASES STUDY

The Ontario Burden of Infectious Diseases Study (ONBoIDS), a joint project between Public Health Ontario and the Institute for Clinical Evaluative Sciences (ICES), is a first of its kind in Canada. Led by Dr. Natasha Crowcroft, director, Surveillance and Epidemiology, and Dr. Jeff Kwong, scientist at ICES, the December 2010 ONBoIDS report is the most comprehensive review of infectious disease in Ontario to date. The study pulled data from 51 different infectious disease sources to determine the impact on the life and health of Ontarians.

ONBoIDS provides a current assessment of the mortality and morbidity of infectious disease in Ontario. It is a catalyst to policy and planning of public health and clinical service efforts as it demonstrates when and how interventions can achieve the greatest impact in protecting the health of Ontarians.

Each year in Ontario there are over 7,000,000 infectious disease episodes and nearly 4,900 deaths from infectious diseases. The report identified the following infectious agents as the 10 most burdensome: hepatitis C virus (HCV), *Streptococcus pneumoniae*, human papillomavirus (HPV), hepatitis B virus (HBV), *Escherichia coli* (E. coli), human immunodeficiency virus (HIV/AIDS), *Staphylococcus aureus*, influenza, *Clostridium difficile (C. difficile)* and rhinovirus. The top five pathogens can be attributed to nearly 50 per cent of the total burden of infectious diseases.

Efforts such as ONBoIDS serve to inform decision-making, identify areas of future research and action, and highlight gaps in data availability and quality. These findings can assist planners, decision-makers, practitioners and researchers in their efforts to improve the health of Ontarians.

Developing partnerships

As a hub organization, Public Health Ontario brings together academic, clinical and public health experts to provide the best scientific and technical advice by collaborating on initiatives of common interest between parties. Initiatives between Public Health Ontario and ICES have included ongoing efforts to produce a series of burden of illness reports that have built on the success of the ONBoIDS report, with plans for further reports on high impact topics such as mental health and addictions, and healthy eating and active living.

Collaborative work is ongoing with several universities, colleges and academic health sciences centres, such as University of Guelph, the University of Waterloo and Queen's University. Key initiatives include:

- Joint research initiatives with the Wilson Centre for Research in Education at University Health Network and the Sunnybrook Health Sciences Centre Emergency Medical Assistance Team
- Support to the development of an emergency management institute at Centennial College, and expansion of the York University Master of Arts in Disaster and Emergency Management program
- Support to the development of an international school of public and environmental health between Lake Superior State University and Sault College in Sault Ste. Marie
- Support for student practicums for University of Toronto's Lawrence S. Bloomberg Faculty of Nursing, Dalla Lana School of Public Health, Master of Public Health, School of Public Policy & Governance, Master of Public Policy; Queen's University, Masters of Public Health; University of Waterloo, Master of Public Health; and Seneca College, Library and Information Technician program
- Joint research initiatives with York University's department of Mathematics of Information Technology and Complex Systems (MITACS) and the Worldwide Antimalarial Resistance Network (WWARN) and

partnerships with National Tuberculose Referentie Laboratorium, Institute for Clinical Evaluative Sciences and Centennial College School of Engineering Technology and Applied Science (Bioinformatics for Software Professionals Co-op program).

Successfully obtaining grants from several federal and provincial peer-reviewed funding programs has helped to facilitate the development and implementation of research projects with a range of partners including academics and decision-makers. Public Health Ontario scientists have received Canadian Institute for Health Research (CIHR) Operating and Planning Grants: Health Systems Research on H1N1, Open Operating, Meetings, Planning and Dissemination, and Programmatic Grants in Health and Health Equity (Letter of Intent), as well as grants from the Natural Sciences and Engineering Research Council of Canada on Collaborative Health Research Projects, and Physician Services Incorporated Foundation Health Research Grants. Collaborative partnerships with other academic institutions have enabled resource sharing and expertise to allow for the pursuit of research endeavours of common interest.

Public Health Ontario is leading and participating in several initiatives with provincial and national partners. For example, we are one of four organizations leading and supporting the Ontario Health Study along with Cancer Care Ontario, the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer. The Ontario Health Study is the largest of its kind ever attempted in Canada and is expected to become one of the largest health studies in the world. The study is investigating the factors that increase an individual's risk of developing chronic diseases such as cancer, heart disease, asthma and diabetes. Public Health Ontario is providing the Ontario Health Study with laboratory services including a biorepository, processing services, inventory management support and engagement across a spectrum of scientific disciplines.

The Public Health Ontario Surveillance and Epidemiology team has been working with a range of partners on a number of studies. These studies include:

- An evaluation of the human papillomavirus (HPV) Vaccine Program with MOHLTC, Cancer Care Ontario, ICES and a representative from the Council of Ontario Medical Officers of Health
- An examination of the epidemiology of invasive pneumococcal disease in Ontario with the Toronto Invasive Bacterial Diseases Network (TIBDN) through linking TIBDN and Public Health Ontario laboratory data
- An evaluation of the impact of the Canadian public health interventions undertaken in response to the first and second waves of the 2009 H1N1 pandemic in vulnerable settings.

Significant organizational efforts led to the execution of a data sharing agreement with MOHLTC, providing Public Health Ontario with access to the integrated Public Health Information System (iPHIS) dataset. To enable data access, Public Health Ontario collaborated with local health units to develop a data sharing agreement. Further work on the appendices to this agreement is ongoing and execution of the health unit/Public Health Ontario agreement is planned for next fiscal year. Such agreements are essential to Public Health Ontario's mandate and to the contribution of new information and reports to benefit the health of Ontarians.

ENVIRONMENTAL CLEANING BEST PRACTICES TOOLKIT

Public Health Ontario's Regional Infection Control Networks (RICNs) worked with the Canadian Association of Environmental Management (CAEM) and the Ontario Health Care Housekeepers' Association to develop an educational toolkit for front-line environmental services staff in health care institutions.

The Environmental Cleaning Best Practices Toolkit consists of six CD-based learning modules, summary sheets and a leader's guide. Designed to assist staff with understanding and implementing best practices to prevent and control infections in health care institutions, more than 2,500 toolkits have been distributed so far, to 228 hospital sites, over 600 long-term care homes and 36 public health units. Toolkits were also provided to long-term care corporate offices, correctional facilities, MOHLTC, the Provincial Infectious Diseases Advisory Committee (PIDAC) and all attendees at the September 2010 CAEM/RICN "Doing it right!" Conference.

Building our organization

Public Health Ontario has created a strong and solid foundation in its first couple of years. In addition to building the organization and its infrastructure, Public Health Ontario has made great strides in delivering on its mandate and providing the best scientific and technical knowledge to support health providers, the public health system and partner ministries.

In 2010-11, Public Health Ontario welcomed three programs from MOHLTC: the Regional Infection Control Networks (RICNs), Core Competencies, and the Public Health Research, Education and Development (PHRED) programs. The consolidation of infection control programs has marked an opportunity to align local, regional, and provincial resources into a comprehensive infectious disease prevention and control strategy.

Public Health Ontario completed the preparations required to receive the functions of the Provincial Infectious Diseases Advisory Committee (PIDAC), which transferred to Public Health Ontario on April 1, 2011. This planned transfer recognized the alignment of PIDAC activities with Public Health Ontario's legislated mandate and with Public Health Ontario's other programs and services. Public Health Ontario established a coordinating committee and four advisory committees (infection prevention and control, communicable diseases, surveillance, and immunization) to provide expert advice, develop evidence-based knowledge products and provide broad based field advice on emerging issues.

Public Health Ontario continuously strives to coordinate, align and build health promotion skills and knowledge exchange resources. With four health promotion resource centres under Public Health Ontario's direction, the focus has been implementing multi-year strategic and evaluation plans focused on improving their collective capacity building functions.

In fall 2010, a joint Public Health Ontario-MOHLTC Public Health Architecture committee was formed to continue the evolution of the public health sector in Ontario. Committee members included the Assistant Deputy Minister, Public Health Division, the CMOH, the President and CEO of Public Health Ontario, and the Vice-President, Science and Public Health of Public Health Ontario. All parties agreed that greater clarity would allow both organizations to focus on their areas of responsibility and to continue to work collaboratively to strengthen public health in Ontario. As a result, the transfer of some scientific public health functions from MOHLTC to Public Health Ontario are underway, following the submission of the committee's unanimous recommendations to the Deputy Minister, MOHLTC. This transfer will further enable Public Health Ontario's ability to integrate scientific and operational responsibilities and to align scientific and technical capacity at the provincial level.

Public Health Ontario conducted an extensive consultative and creative process to engage stakeholders in the development of a new visual identity. In fall 2010, the Board approved the operating name "Public Health Ontario" to better position OAHPP within its provincial role of protecting and promoting the health of all Ontarians and reducing inequities in health. OAHPP's new operating name, Public Health Ontario, is a distinctive, easy-to-say name. The new tagline, "Partners for health," emphasizes our philosophy of collaborating with others to achieve shared goals. Implementation of the new visual identity is underway across the organization and with stakeholders.

DIRECTIVES ISSUED BY THE CHIEF MEDICAL OFFICER OF HEALTH

In June 2010, the Chief Medical Officer of Health requested assistance with an investigation into the increase in *Salmonella Enteritidis* (SE) cases in Ontario. Public Health Ontario subsequently completed an investigation on the issue.

Report on 2010–11 deliverables

Public Health Ontario delivered across all mandated areas of its Annual Business Plan for 2010-11. The activities listed in the table below are organized based on six key objectives:

- Strategy and policy advice
- Training, tools and educational support
- Field support and response
- Research and evaluation
- Surveillance activities
- Results and reports
- Emergency management response

OBJECTIVE: STRATEGY AND POLICY ADVICE

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Infection prevention and control strategy	Underway in conjunction with Regional Infection Control Networks (RICNs) and Core Competencies transfer as well as projected 2011-12 transfer of the Provincial Infectious Diseases Advisory Committee (PIDAC).
Scientific and technical support and advice in priority areas	In response to a request by the Chief Medical Officer of Health (CMOH), Public Health Ontario delivered a report on the primary prevention of diabetes through workplace and community interventions aimed at promoting healthy eating, active living and healthy weights among adults.
Develop integrated chronic disease prevention and health promotion framework	Completed framework and stakeholder map.
***Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* report**	Coordinated Scientific Advisory Committee for the Smoke Free Ontario Strategy (SFO-SAC) and delivered the Committee's report *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* in October 2010.
Vaccination program evaluation	The human papillomavirus (HPV) vaccination program process evaluation report was delivered to each health unit and the MOHLTC. HPV vaccine coverage was assessed via the reimbursement database, and each health unit surveyed regarding HPV vaccine coverage and provided with their own coverage data from two sources (the reimbursement and Immunization Record Information System (IRIS) databases).
Enhanced environmental assessment capabilities	Improved public health unit environment assessment capabilities through several in-service sessions and demonstrations of indoor air quality problems and loan of environmental monitoring equipment.

OBJECTIVE: TRAINING, TOOLS AND EDUCATIONAL SUPPORT

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology	Public Health Inspector's Guide completed and used by public health unit food inspectors across Ontario. Ryerson University Public Health and Safety program used the guide as a reference book.
Increased capacity through teaching of students at Public Health Ontario	Supervised more than 40 highly successful practicum placements.
Development of a unified Public Health Ontario knowledge exchange framework	Public Health Research, Education and Development (PHRED) program integrated and Public Health Ontario knowledge exchange elements underway. Delivered over 30 rounds, webinars, training sessions and "lunch and learns" on skills building and emerging issues.
The Ontario Public Health Convention (TOPHC)	Completed planning and collaboration on highly successful inaugural conference, in collaboration with the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa) with nearly 600 attendees.
Canadian Immunization Conference	Public Health Ontario supported conference planning and participated in workshops, sessions and poster presentations.
Canadian Community Health Survey (CCHS) Analysis and Bootstrapping Workshop	In collaboration with the MOHLTC's Health Analytics Branch, Public Health Ontario hosted a workshop to provide an overview and introduction to the CCHS for health unit and other public health agency epidemiologists and analysts.
Workshop on *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*	In collaboration with the Program Training and Consultation Centre and the Ontario Tobacco Research Unit, Public Health Ontario delivered a province wide two-day session in March 2011, attended by over 140 public health professionals working in the field of comprehensive tobacco control.
Emergency management capacity building	Emergency Management Support (EMS) team developed capacity building in partnership with the MOHLTC's Emergency Management Branch.
Just Clean Your Hands (JCYH) in Long-Term Care Homes Coaching Project	Public Health Ontario's 14 RICNs provided on-site coaching project across Ontario to increase JCYH program effectiveness and uptake.
Core Competencies for Infectious Disease Prevention and Control program	Public Health Ontario conducted a comprehensive evaluation of the existing Core Competencies program, including consultation with key government and field user partners. The results were presented to the Core Competency Advisory Committee and program renewal is underway.
Risk Communications and other environment health workshops	A highly successful Risk Communication Workshop was delivered. A workshop on lead service pipes in drinking water systems was delivered at the request of a number of public health units.

OBJECTIVE: FIELD SUPPORT AND RESPONSE

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Transfer of Regional Infection Control Networks (RICNs)	Transition of the RICNs was completed. RICNs received 6,293 inquiries from across the province, including long-term care homes, hospitals, and public health units. Inquiries related to a range of areas, including infectious disease prevention and control programs, antibiotic resistant organisms, the Just Clean Your Hands program, and communicable and infectious diseases. The RICNs provided extensive resources, including 1,064 education sessions such as in-person workshops, videoconferences, webinars, and a lending library of support materials.
Ontario Health Promotion Resource Centre Resource Transfer	Transition of the Ontario Health Promotion Resource Centres was completed. The four health promotion resources centres served more than 10,000 clients, providing 209 planning consultations and assessments, 471 training and capacity building consultations, workshops and referrals, 34 communication and knowledge exchange activities and 261 systems planning activities.
Respond to infectious disease outbreaks and infection control issues of concern in health care or community settings	Ongoing response, including Infection Control Resource Teams (ICRTs) deployed to nine hospitals ranging in size from small rural facilities to large tertiary hospitals.
Establish a working framework and relationship with the public health field including MOHTLC, public health units and public health agencies	Public Health Architecture Committee struck, recommendations submitted and accepted. The transfer of scientific public health functions from MOHLTC to Public Health Ontario is underway.
Support to the G8/G20 Summit	Laboratories provided planning and primary testing support and outbreak detection for the 2010 Canadian G8/G20 summit. Emergency management support, surveillance and epidemiology, infectious disease prevention and control teams provided support and preparation.
Training for outbreak support	Completed application for Public Health Agency of Canada (PHAC) Field Epidemiology Training site and participated in PHAC training modules.
Responses to field requests	The Environmental and Occupational Health (EOH) team responded to a growing number of requests from health units and the CMOH on environmental health issues, such as bedbugs, herbicides, and mercury contamination in northwestern Ontario fish. EOH team advised the Region of Waterloo, Public Health on trichloroethylene (TCE)-related risks to health in a Cambridge neighbourhood with historical industrial contamination. The Public Health Ontario Surveillance and Epidemiology team provided field support in a number of outbreak investigations, including *Cyclospora* in Lambton County and epidemiological support to the MOHLTC in an investigation of *Salmonella Enteritidis*.

OBJECTIVE: RESEARCH AND EVALUATION

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Evaluation of Infection Control Resource Teams (ICRTs)	ICRTs design of evaluation completed.
Ontario Health Study	Public Health Ontario is co-sponsoring and supporting the Ontario Health Study with partners Cancer Care Ontario, the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer.
Pandemic H1N1 influenza research	Pandemic H1N1 research continues, with preliminary results of five H1N1 studies shared with the CMOH in October 2010.
Environmental health	Public Health Ontario is collaborating on research on air and water pollution with the University of Toronto and Queen's University.
Oral health	Public Health Ontario conducted research on the impacts of poor oral health in conjunction with the University of Toronto resulting in the report: Taking Action on Oral Health Equity.
Research priorities for the prevention and control of bacterial sexually transmitted infections	Public Health Ontario identified research priorities for the prevention and control of bacterial sexually transmitted infections.
Public Health Ontario Public Health Laboratories research activities	Multiple ongoing research initiatives are underway, including: Multi-locus sequence typing of *Streptococcus pneumoniae* serotypes; Implementation of Phenotypic Testing for the Detection of Resistance to Neuraminidase Inhibitors in Public Health Ontario Laboratories; and SRI - Analysis of Pandemic Influenza A H1N1 (2009) whole genome sequences.
Ongoing research initiatives	Successfully obtaining grants from several federal and provincial peer-reviewed funding programs has helped to facilitate the development and implementation of research projects with a range of partners including academics and decision-makers. Public Health Ontario scientists have received Canadian Institute for Health Research (CIHR) Operating and Planning Grants: Health Systems Research on H1N1, Open Operating, Meetings, Planning and Dissemination, and Programmatic Grants in Health and Health Equity (Letter of Intent), as well as grants from the Natural Sciences and Engineering Research Council of Canada on Collaborative Health Research Projects, and Physician Services Incorporated Foundation Health Research Grants. Collaborative partnerships with other academic institutions have enabled resource sharing and expertise to allow for the pursuit of research endeavours of common interest.

OBJECTIVE: SURVEILLANCE ACTIVITIES

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Data sharing and access to integrated Public Health Information System (iPHIS)	A data sharing agreement was executed with MOHLTC in September 2010, which has provided Public Health Ontario access to the iPHIS dataset. Public Health Ontario developed a data sharing template agreement in collaboration with local health units that has enabled data access among these parties. Standard operating procedures were identified.
Child health surveillance	Ontario Childhood Healthy Weight Surveillance pilot project completed.
Laboratory surveillance	Implementation of the Laboratory Information System (LIS) laid the groundwork for increased ability to identify trends and rates of occurrence on tests performed at Public Health Ontario.
Rapid Risk Factor Surveillance Systems (RRFSS)	Public Health Ontario supported RRFSS partnership through provision of website and video/teleconference infrastructure. Ontario Risk and Behaviour Surveillance System (ORBSS) project final report has been submitted and recommendations are under consideration.
Syndromic surveillance	Public Health Ontario evaluation of enteric outbreak detection, EMS data as a syndromic system and network of syndromic surveillance system operators is underway.

OBJECTIVE: RESULTS AND REPORTS

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Lessons Learned reports	Contributed to MOHLTC's Lessons Learned reports on H1N1 and infectious disease outbreaks.
Population health reports	ONBoIDS delivered (with ICES) in December 2010.
Improving testing capability at public health laboratories	Public Health Ontario Laboratories implemented new methodologies for: Parvovirus, West Nile virus, Respiratory multiplexing, HIV Viral load, and HIV screening and conducted research in the development of new molecular methods for tuberculosis (TB), *Clostridium difficile*, optical mapping technology and genome sequencing for antibiotic resistance.
Customer service solutions at public health laboratories	Customer service needs assessment completed and customer service centre implemented.

OBJECTIVE: EMERGENCY MANAGEMENT SUPPORT

Deliverable/Initiative for 2010-11	Status as of March 31, 2011
Continuity of Operations Plan	A Continuity of Operations Plan was completed, which will inform the development of a comprehensive emergency management planning framework for Public Health Ontario.
Support to the G8/G20 Summit	Completed planning support for the G8/G20 Summit provincial preparation and response with scientific expertise, incident management response information and laboratory testing. This was a highly successful collaboration between Public Health Ontario, the Emergency Management Branch of the MOHLTC, other provincial and municipal emergency management agencies and public health units.

Financial performance

Please note the following financial performance section has been completed by an external auditor and refers to Public Health Ontario by its legal name, the Ontario Agency for Health Protection and Promotion (OAHPP).

FINANCIAL RESULTS

OAHPP has managed its resources in a prudent and careful manner and has ended the year in a break-even position after returning funds to the consolidated revenue fund.

The Board, through the Audit and Finance Standing Committee, was challenged throughout much of the year as a significant component of funding was on holdback pending the outcome of an internal audit review of public health laboratory [PHL] funding. The holdback was released in March 2011.

OAHPP acknowledges the efforts of the MOHLTC in providing the funding; however, judicious and constrained expenditure management resulted in the one-time operating surplus of $6.8 million to be returned to the government. Of the funds to be returned upon completion of the settlement process, $1.2 million related to one-time funding received for a pilot project involving laboratory testing of small drinking water systems that was not undertaken due to external factors.

ACCOUNTING STANDARDS

OAHPP has applied Canadian public sector accounting standards using the option to apply sections of the Canadian Institute of Chartered Accountants [CICA] Public Sector Accounting [PSA] Handbook available for government not-for-profit organizations. OAHPP has chosen to early-adopt these standards and the standards have been retroactively applied.

FINANCIAL STATEMENTS

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION
March 31, 2011

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INDEPENDENT AUDITORS' REPORT

To the Members of
ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

We have audited the accompanying financial statements of Ontario Agency for Health Protection and Promotion, which comprise the statement of financial position as at March 31, 2011 and the statement of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Agency for Health Protection and Promotion as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Toronto, Canada,
June 22, 2011.

Chartered Accountants
Licensed Public Accountants

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

STATEMENT OF FINANCIAL POSITION

[in thousands of dollars]

	March 31, 2011 $	March 31, 2010 $	April 1, 2009 $
ASSETS			
Current			
Cash	**29,026**	13,089	11,012
Accounts receivable *[note 4]*	**2,146**	159	234
Prepaid expenses	**968**	651	592
Total current assets	**32,140**	13,899	11,838
Restricted cash *[note 5]*	**7,596**	7,684	7,734
Accounts receivable *[note 4]*	**840**	—	—
Capital assets, net *[note 6]*	**18,573**	17,737	12,788
	59,149	39,320	32,360
LIABILITIES AND NET ASSETS			
Current			
Accounts payable and accrued liabilities	**29,957**	13,620	12,702
Total current liabilities	**29,957**	13,620	12,702
Deferred capital asset contributions *[note 7]*	**19,413**	17,737	12,788
Deferred contributions *[note 8]*	**2,637**	2,061	2,039
Accrued benefit liability *[note 9]*	**5,797**	5,350	4,831
Other	**1,345**	552	—
Total liabilities	**59,149**	39,320	32,360
Commitments and contingencies *[note 11]*			
Net assets	**—**	—	—
	59,149	39,320	32,360

See accompanying notes

On behalf of the Board:

Director

Director

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

STATEMENT OF OPERATIONS

[in thousands of dollars]

Year ended March 31

	2011 $	2010 $
REVENUE		
Ministry of Health and Long-Term Care	**116,666**	112,069
Ministry of Health Promotion and Sport	**3,657**	182
Amortization of deferred capital asset contributions	**4,853**	3,348
Other grants	**1,342**	857
Miscellaneous recoveries	**740**	497
	127,258	116,953
EXPENSES *[note 9]*		
Public health laboratory program	**89,358**	93,672
Other public health programs	**21,456**	8,955
General and administration	**11,591**	10,978
Amortization of capital assets	**4,853**	3,348
	127,258	116,953
Excess of revenue over expenses for the year	**—**	—

See accompanying notes

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

STATEMENT OF CHANGES IN NET ASSETS

[in thousands of dollars]

Year ended March 31

	2011 $	2010 $
Net assets, beginning of year, as originally stated	**17,999**	13,049
Impact of change in basis of accounting *[note 2]*	**(17,999)**	(13,049)
Net assets, beginning of year, after change in basis of accounting	**—**	—
Excess of revenue over expenses for the year	**—**	—
Net assets, end of year	**—**	—

See accompanying notes

ONTARIO AGENCY FOR HEALTH PROTECTION AND PROMOTION

STATEMENT OF CASH FLOWS

[in thousands of dollars]

Year ended March 31

	2011 $	2010 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	**(4,853)**	(3,348)
Amortization of capital assets	**4,853**	3,348
	—	—
Changes in non-cash operating items		
Decrease (increase) in accounts receivable *[note 10]*	**(1,147)**	75
Increase in deferred contributions	**576**	22
Increase in other liabilities	**793**	552
Increase in accounts payable and accrued liabilities *[note 10]*	**12,690**	918
Increase in prepaid expenses	**(317)**	(59)
Decrease in restricted cash	**88**	50
Net change in accrued benefit liability	**447**	519
Cash provided by operating activities	**13,130**	2,077
CAPITAL ACTIVITIES		
Acquisition of capital assets *[note 10]*	**(2,042)**	(8,298)
Cash applied to capital activities	**(2,042)**	(8,298)
FINANCING ACTIVITIES		
Contributions for capital asset purchases *[note 10]*	**4,849**	8,298
Cash provided by financing activities	**4,849**	8,298
Net increase in cash during the year	**15,937**	2,077
Cash, beginning of year	**13,089**	11,012
Cash, end of year	**29,026**	13,089

See accompanying notes

NOTES TO FINANCIAL STATEMENTS
[in thousands of dollars]

March 31, 2011

1. DESCRIPTION OF THE ORGANIZATION
Ontario Agency for Health Protection and Promotion ["OAHPP"] was established under the Ontario Agency for Health Protection and Promotion Act, 2007 as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the Ontario Agency for Health Protection and Promotion Act, 2007, OAHPP is primarily funded by the Province of Ontario.

OAHPP as an agency of the Crown is exempt from income taxes.

2. IMPACT OF CHANGE IN BASIS OF ACCOUNTING
[a] These financial statements are the first financial statements for which OAHPP has applied Canadian public sector accounting standards using the option to apply Sections 4200 to 4270 of the Canadian Institute of Chartered Accountants ["CICA"] Public Sector Accounting ["PSA"] Handbook available for government not-for-profit organizations. OAHPP has chosen to early-adopt these standards.

The financial statements for the year ended March 31, 2011 were prepared in accordance with the accounting principles and provisions set out in *First Time Adoption*, PS2125, for first-time adopters of this basis of accounting.

The impact of adopting these standards was accounted for in net assets at the date of transition, April 1, 2009.

[b] The reconciliation of net assets in the financial statements as at April 1, 2009 is as follows:

	$
Net assets as at April 1, 2009, as originally stated	13,049
Changes in net assets	
Deferred capital asset contributions	(12,788)
Deferred contributions	(261)
	(13,049)
Net assets as at April 1, 2009, according to new basis of accounting	—

[c] The reconciliation of the excess of revenue over expenses for the year ended March 31, 2010 is as follows:

	$
Excess of revenue over expenses for the year, as originally stated	4,950
Changes in operating results	
Contributions for capital purposes originally recorded as revenue	(8,298)
Amortization of deferred capital asset contributions now recorded as revenue	3,348
	(4,950)
Excess of revenue over expenses for the year ended March 31, 2010, according to new basis of accounting	—

[d] The reconciliation of net assets in the financial statements as at March 31, 2010 is as follows:

	$
Total changes in net assets as at April 1, 2009	(13,049)
Total changes in excess of revenue over expenses for the year ended March 31, 2010	(4,950)
Total net changes in net assets as at March 31, 2010	(17,999)

[e] These changes resulted in the following changes to the statement of cash flows for the year ended March 31, 2010:
- decrease in excess of revenue over expenses for the year by $4,950;
- add back of amortization of deferred capital asset contributions of $3,348; and
- inclusion of contributions received for capital asset purchases of $8,298 as a financing activity.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector Accounting Board of the CICA. OAHPP has elected to follow PS 4200-4270 in the PSA Handbook.

Revenue recognition

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the period in which the related expenses are incurred.

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5-30 years
Other equipment	5-10 years
Furniture	5-20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed when contributions are due.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

Foreign currency translation

Revenue and expenses denominated in foreign currencies are translated into Canadian dollars at the transaction date. Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate in effect at year end. Gains or losses arising from translation of short-term monetary assets are included in the statement of operations.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

4. ACCOUNTS RECEIVABLE

Accounts receivable consists of the following:

	March 31, 2011 $	March 31, 2010 $	April 1, 2009 $
Ministry of Health and Long-Term Care	**1,420**	—	—
Trade	**481**	159	234
HST	**1,085**	—	—
	2,986	159	234
Less amount recorded as long-term *[note 7]*	**(840)**	—	—
	2,146	159	234

5. RESTRICTED CASH

[a] Restricted cash consists of the following:

	March 31, 2011 $	March 31, 2010 $	April 1, 2009 $
Ministry of Health and Long-Term Care *[note 8[b]]*	**7,282**	7,474	7,581
Sheela Basrur Centre *[note 8[c]]*	**314**	210	153
	7,596	7,684	7,734

Restricted cash from Ministry of Health and Long-Term Care ["MOHLTC"] represents funding received in connection with the liability assumed by OAHPP in connection with severance *[note 9[b]]* and other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP in 2008 when Ontario public health laboratories were transferred to OAHPP. These funds are drawn down when transferred employees cease employment with OAHPP.

[b] The continuity of MOHLTC restricted cash is as follows:

	2011		
	Severance credits $	Other credits $	Total $
Restricted cash, beginning of year	**6,136**	**1,338**	**7,474**
Interest earned	**58**	**13**	**71**
Restricted cash drawdown *[note 9[b]]*	**(228)**	**(35)**	**(263)**
Restricted cash, end of year	**5,966**	**1,316**	**7,282**

	2010		
	Severance credits $	Other credits $	Total $
Restricted cash, beginning of year	6,219	1,362	7,581
Interest earned	30	6	36
Restricted cash drawdown *[note 9[b]]*	(113)	(30)	(143)
Restricted cash, end of year	6,136	1,338	7,474

6. CAPITAL ASSETS

Capital assets consist of the following:

	March 31, 2011		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	476	91	385
Other equipment	20,369	7,591	12,778
Furniture	1,905	743	1,162
Leasehold improvements	5,398	1,150	4,248
	28,148	9,575	18,573

	March 31, 2010		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	337	51	286
Other equipment	16,850	3,764	13,086
Furniture	1,713	391	1,322
Leasehold improvements	3,559	516	3,043
	22,459	4,722	17,737

	April 1, 2009		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	335	17	318
Other equipment	9,705	1,004	8,701
Furniture	1,098	110	988
Leasehold improvements	3,023	242	2,781
	14,161	1,373	12,788

7. DEFERRED CAPITAL ASSET CONTRIBUTIONS

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations. The continuity of the deferred capital asset contributions balance is as follows:

	2011 $	2010 $
Deferred capital asset contributions, beginning of year	**17,737**	12,788
Contributions for capital purposes	**6,529**	8,298
Amortization of deferred capital asset contributions	**(4,853)**	(3,349)
Deferred capital asset contributions, end of year	**19,413**	17,737
Unspent deferred capital asset contributions	**(840)**	—
Deferred capital asset contributions spent on capital assets	**18,573**	17,737

The unspent deferred capital asset contributions are receivable from MOHLTC and are recorded as long-term accounts receivable *[note 4]*.

8. DEFERRED CONTRIBUTIONS

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	March 31, 2011 $	March 31, 2010 $	April 1, 2009 $
Severance credits	**1,270**	1,376	1,484
Sheela Basrur Centre *[note 5]*	**314**	210	153
Other	**1,053**	475	402
	2,637	2,061	2,039

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP *[note 9[b]]*.

[c] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, $187 [2010 - $165] is held by the Toronto Community Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

9. EMPLOYEE FUTURE BENEFIT PLANS

[a] Multi-employer pension plan

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to $1,865 [2010 - $1,712], $1,568 [2010 - $885], and $388 [2010 - $402], respectively, and are included in expenses in the statement of operations.

[b] Severance credits

OAHPP assumed the non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the Ontario public health laboratories transfer *[note 1]*. These defined benefit plans include a benefit of one week of salary for each year of service [to a maximum of half of an employee's annual salary] payable to certain employees upon termination or retirement from OAHPP. The latest actuarial valuation for the non-pension

defined benefit plan was performed as of December 15, 2008. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

The accrued benefit liability as at March 31 is calculated as follows:

	2011 $	2010 $
Accrued benefit liability, beginning of year	**5,350**	4,831
Expense for the year	**675**	632
Benefits paid *[note 5[b]]*	**(228)**	(113)
Accrued benefit liability, end of year	**5,797**	5,350

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2011 %	2010 %
Discount rate	**5.30**	5.30
Rate of compensation increase	**3.50**	3.50
Rate of inflation	**2.50**	2.50

10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at year end [2011 - $3,647; 2010 - nil] and has been excluded from the statement of cash flows.

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at year end [2011 - $840; 2010 - nil] and has also been excluded from the statement of cash flows.

11. COMMITMENTS AND CONTINGENCIES

[a] Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date or which may arise thereafter and have a cause of action that existed prior to the transfer date *[note 1]*.

[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the liability insurance risks of its members. All members of the pool pay annual deposit premiums which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. To March 31, 2011, no assessments have been received.

[c] The committed future minimum annual payments under operating leases consist of the following:

	$
2012	9,253
2013	9,296
2014	7,453
2015	2,399
2016	2,388
Thereafter	6,319

12. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2011 financial statements.

Appointees to the board of directors

NAME	LOCATION	CURRENT TERM LENGTH (YEARS)	CURRENT TERM
Tony Dean	Toronto	3	October 20, 2010 October 19, 2013
Janet Hatcher Roberts	Ottawa	3	May 6, 2009 May 5, 2012
Sandra Laclé	Sudbury	3	October 20, 2010 October 19, 2013
Warren Law	Toronto	3	May 6, 2009 May 5, 2012
Richard Massé	Montréal	3	June 27, 2008 June 26, 2011
Alan Meek (Vice-Chair)	Guelph	3	September 12, 2009 September 11, 2012
Liana Nolan	Waterloo	3	July 25, 2008 July 24, 2011
Pierre Richard	Ottawa	3	May 6, 2009 May 5, 2012
Ronald St. John	Ottawa	3	November 3, 2010 November 2, 2013
Terrence Sullivan (Chair)	Toronto	3	July 25, 2008 July 24, 2011
Judith Tompkins	Toronto	3	July 25, 2008 July 24, 2011
David Walker	Kingston	3	June 27, 2008 June 26, 2011
Carole Weir	Kingston	3	May 6, 2009 May 5, 2012

Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
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Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé